Practitioner's Docket No. 1001.012c1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Michael J. Czaplicki

Application No.: 10/696.314

Group No.: 3726

Filed: 10/29/2003

Examiner: Marc Quemuel Jimenez

For: HEAT-ACTIVATED STRUCTURAL FOAM REINFORCED HYDROFORM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment for this application.

STATUS

Applicant is other than a small entity.

EXTENSION OF TERM

 The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV.

Date: 8:11-66

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

-	(Col. 1)	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR		(C	ol. 3)	OTHER THAN A SMALL ENTITY					
	CLAIMS REMAINING AFTER AMENDMENT			PRESENT EXTRA		RATE				ADDIT. FEE	
TOTAL	20		20	=	0	x	\$	50.00	=	\$	0.00
INDEP.	3		3	=	0	х	\$	200.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$ 0.00									=	\$	0.00
							AD	TOTAL DIT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5.

Supplemental Information Disclosure Statement Terminal Disclaimer

\$180.00 \$130.00

Please charge deposit account no. 50-1097 in the sum of \$310.00.

Charge any additional fees required by this paper or credit any overpayment to deposit account 50-1097.

FEE DEFICIENCY

If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50, 1097.

Date: 9 A vaust 20%

Scott Chapple

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